Customer Name Customer No.	For official use only:	
	Customer Name	Customer No.

PD F 5410 E Department of the Treasury Bureau of the Public Debt (Revised February 2007)

APPLICATION FOR REFUND OF PURCHASE PRICE OF UNITED STATES SAVINGS BONDS FOR ORGANIZATIONS

OMB No. 1535-0136

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

The undersigned presents and surrenders for refund the following United States Savings Bonds:

	TE FACE AMOUNT	BOND NUMBER	INSCRIPTION (Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses on the bonds)					
			,,					
(If	you need more space to	describe the bonds, u	use a continuation sheet and attach it to the form.)					
•		ŕ	,					
2. Refund	d of the purchase price i	s requested because:	:					
a.		een terminated and is in part, to purchase t	s not entitled to the bonds. The employee's funds were the bonds.					
b.	·	• • •	gistrant(s) is/are not entitled.					
C.	Other							
THE CONE	DITION OF THIS OBLIGA	ΓΙΟΝ IS SUCH that if th	he above-named obligor, its successors or assigns, or any of					
them, shall	well and truly indemnify a	and save harmless the	he above-named obligor, its successors or assigns, or any of United States of America from any other claim on account of Il losses which the United States of America may sustain in					
them, shall said securi consequen	well and truly indemnify a ty(ies) and interest therec ce of any such other clai	and save harmless the lon and from any and all mand from any and all mand shall repay to the	United States of America from any other claim on account of II losses which the United States of America may sustain in the United States of America all sums of money which the					
them, shall said securi consequen United Stat	well and truly indemnify a ty(ies) and interest therec ce of any such other clai es of America may pay or	and save harmless the lon and from any and alon mand shall repay to the account of said security	United States of America from any other claim on account of II losses which the United States of America may sustain in					
them, shall said securi consequen United Stat	well and truly indemnify a ty(ies) and interest therec- ce of any such other clai es of America may pay or es, then this obligation will	and save harmless the lon and from any and alon mand shall repay to the account of said security	United States of America from any other claim on account of II losses which the United States of America may sustain in the United States of America all sums of money which the ty(ies) and interest thereon with interest, administrative costs,					

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

Business Address

Internet Address

You must wait until you are in the presence of a certifying officer to sign this form.

4.	Sign Here:									
		(Signature of Officer Authorized to Request Refund of Purchase Price)								
		(Officer's Printed Name)		(Officer's Title)						
		(Telephone No.)		(FAX No.)						
		(Organiza	ntion's Name)	(Employer Identification Number)						
	Certifying Officer – The individual must sign in your presence. Complete the certification and affix your stamp or seal.									
5.	I CERTIFY that		, whose identity is known or was							
proven to me, personally appeared before me this		day of	(Month)	,, (Year)						
at			, and signed this form.	(MOHIII)	(rear)					
	(City)	(State)								
	(OFFICIAL STAMP (Signatu OR SEAL)		e and title of certifying officer)							
			((Street address)						
			(City)	(State)	(ZIP Code)					
	_	IDEN'	TIFICATION NOTATIONS							
	Customer Account Number and Date Established:		Documer	nts - Description:	_					
	Identified by (Signature and Address):									

INSTRUCTIONS

This form is to be used for requesting refund of the purchase price for any of the circumstances shown on Page 1.

- **Item 1.** Describe the savings bonds submitted for refund.
- **Item 2.** Provide the reason the savings bonds are being submitted for refund. If none of the circumstances apply, complete Item 2 (c) and outline the reason for the request.
- Item 3. Provide mailing instructions.
- **Item 4.** A person authorized to request refund on behalf of the organization must sign this form, show his/her official title and daytime telephone number. The organization's employer identification number must also be furnished. (See **Certification to Form**.)
- **Item 5.** The person requesting refund of the bonds listed must appear before and establish identification to the satisfaction of an authorized certifying officer and, in the presence of the officer, sign this request. (See **Certification to Form**.)

Send the application, the bonds, and any relevant correspondence to the Department of the Treasury, Bureau of the Public Debt, PO Box 7012, Parkersburg, WV 26106-7012.

CERTIFICATION TO FORM

Sign the completed form in the presence of an authorized certifying officer. The certifying officer must complete the certification form and place an adequate notation on this form, or on a separate record, showing exactly how identification was established. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at banking institutions, including credit unions, in the United States, and as provided in Department of the Treasury Circulars Nos. 530 and Public Debt Series Nos. 3-80 and 2-98.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 06 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to correct address shown in the instructions.**

(2) PD F 5410